First Aid

and PSHE Education

Professionals' Pack

2023

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INTRODUCTION

This pack aims to support education providers to deliver quality PSHE education around First Aid. This will be achieved through:

- Identifying the curriculum links within the PSHE Association's Spiral Curriculum and the Department for Education's statutory guidance
- Developing staff's confidence and competence on the subject matter to support them to facilitate PSHE education on this topic within their own setting.

The Department for Education's statutory guidance states that:

- Pupils can also put knowledge into practice as they develop the capacity to make sound decisions when facing risks, challenges and complex contexts.
- Should be addressed sensitively and clearly

Education providers can help raise awareness of basic first aid by increasing knowledge around assessment, techniques and signposting.

SAFE LEARNING ENVIRONMENT

A safe learning environment enables children and young people to feel comfortable to share their ideas without attracting negative feedback. It avoids possible distress and prevents disclosures in a public setting and enables professionals to manage conversations on sensitive issues confidently. We have created a guidance document to support professionals to create this safe in their own setting.

No. 01 — Ground Rules

Create in collaboration with the group . As the facilitator role model the agreed ground rules.

No. 02 — Collaborate with DSL

Check with your DSL whether any group members (including members of school as well as children and young people) have been affected by any of the issues that might be raised in the session.

No. 03 — Staff Confidence

Check staff confidence levels. If anyone is in panic zone it is not safe or appropriate for them or the participants to teach on the topic. This pack should help professionals to move from panic zone to learning or comfort zone.

No. 04 — Learning Techniques

Use scenarios and stories to help participants engage with the topic. Refer to the third person rather than you e.g. what could this character do?, or people of about your age.... With this topic it is important to incorporate practical demonstrations and opportunities to practice..

No. 05 — Difficult Questions

Questions are an important part of learning. Sometimes a child or young person will ask a difficult question. As with all questions the first thing is to value the question whilst either allowing time to consider an appropriate answer or to deflect an inappropriate question.

No. 06 — Signposting

It is absolutely essential, that included in the lesson, is information about different organisations and people that can provide support both within the organisation and outside of it.

A more detailed version of this page is available by emailing either Natalie or Ellie

Knowledge, Skills and Values

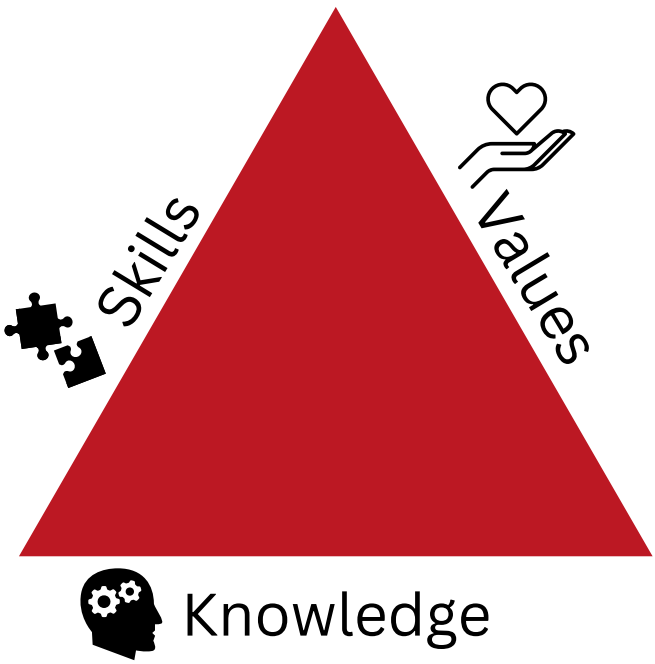
Topics explored in PSHE education, relate directly to a child's or young person's life, when they might find themselves in a tricky situation or "crunch" moment – and need to make a quick decision; for example, a child who is dared to run across the road by their friends, or a teenager who is being pressured to carry a knife. They will need to recall learning from PSHE education at that moment to help them make a decision. It also is about increasing their ability to be able make healthy decisions.

They will, of course, require knowledge e.g., being aware that you should do CPR does not equip you with the skills on how this should be carried out. Defining what a "do not resuscitate order" is does not enable young people to explore why some people may choose to have this in place should they suddenly go into cardiac arrest or stop breathing.

To ensure that sessions are balanced it is important to know the purpose of the activity and create a balanced session that increases or enables reflection on knowledge, skills and values.

The definition of each of these is:

Knowledge: gaining new information on a topic
Skills: gaining new skills on a topic
Values: reflecting on, and potentially altering, values in relation to a topic



Active Learning

Children and young people learn most effectively when they are engaged in the learning. First Aid is the opportune topic to involve children and young people in order to assess their techniques.

There should be opportunities for children and young people to handle relevant objects e.g. a first aid box (including bandages) and life saving equipment and to be able to ask questions about the equipment.

This topic is perfectly placed to give older children/young people an opportunity to practice their skills by demonstrating their learning to younger children/young people, with professionals there to check for accuracy and understanding.

Using purpose-made CPR manikins provides an opportunity for children and young people to demonstrate their skills and gives them opportunities to practise. Children and young people should be involved in cleaning and disinfecting the manikins , this can provide reassurance and also helps to embed good hygiene practices.

Use medically/scientifically correct language to correct describe human anatomy and processes of the body.

First Aid can be linked to other aspect of the PSHE curriculum including Medicine Management, Knife Crime, Exploitation, Abuse and Violence, Road Safety, Fire Safety, Oral Health and Being Healthy.

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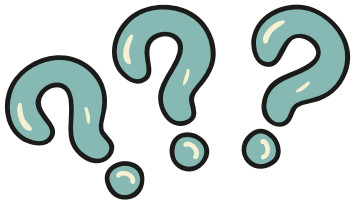
BEST PRACTICE PRINCIPLES

Ensure ample time is allowed for observing and practising first aid skills. This enables children and young people to develop their ability and confidence.



Ensure staff, are aware of who the organisation's first aiders are, and the location of the first aid kit and local AED. so that children and young people can be signposted to these during the session.

Tips for Communication

Communication difficulties

Special provision should be put in place to support conversations with children, young people or adult learners who:

- have communication difficulties
- are too young
- are unable to communicate
- cannot or will not explain

You should refer to the child, young person or adult learner's behaviour plan and the information available from any assessments. This may include visual cues to help facilitate discussion, such as picture exchange communication cards.

Mencap has published further information on communicating with people with learning difficulties.

The National Autistic Society has also published tips to communicate more effectively with an autistic person.

LINKS TO PSHE CURRICULUM

The table below shows the learning opportunities from the relevant PSHE Association core themes which can be linked to First Aid.

Primary

PSHE Association:

Key Stage One

H33.	A bout the people whose job it is to help keep us safe
H35.	About what to do if there is an accident and someone is hurt
H36.	How to get help in an emergency (how to dial 999 and what to say)

Key Stage Two

H43.	About what is meant by first aid; basic techniques for dealing with common injuries
H44.	How to respond and react in an emergency situation; how to identify situations that may require the emergency services; know how to contact them and what to say

SEND

PSHE Association:

SSS2- Keeping Safe

Enrichment	Identify when someone might need first aid because they are hurt/ injured.
Enhancement	Recognise when a situation is an emergency and explain or demonstrate how to get help, including how to call 999

DfE Statutory Guidance:

By the end of Primary pupils will know:

FA1.	how to make a clear and efficient call to emergency services if necessary.
FA2.	Concepts of basic first-aid, for example dealing with common injuries, including head injuries

Secondary

PSHE Association:

Key Stage Three

H33.	How to get help in an emergency and perform basic first aid, including cardio-pulmonary resuscitation (CPR) and the use of defibrillators

Key Stage Four

H24.	To increase confidence in performing emergency first aid and life-saving skills, including cardio-pulmonary resuscitation (CPR) and the use of defibrillators

Key Stage Five

H17.	To perform first aid and evaluate when to summon emergency services, irrespective of any potential legal implications, for example, when the situation involves alcohol, drugs, gangs or violent crime

SEND

PSHE Association:

SSS5- Emergency Situations

Core	Identify sources of immediate help in an emergency (e.g. adults in school, and demonstrate how we would attract their attention).
Development	Identify examples of what would and would not be an emergency situation and suggest some ways to respond.
Development	Identify emergency services that could help us.
Enrichment	Describe how to call 999 in the case of an emergency.

Enrichment	Demonstrate some simple first aid procedures (e.g. putting someone in the recovery position; when not to move someone; responding to nosebleeds or cuts).
Enhancement	Describe how adults might communicate to us that something is an emergency (e.g. vocabulary that adults might use).
Enhancement	Recognise what a defibrillator is and when one might be needed.
Enhancement	Explain what you might do, including whom to tell and what to say, in the event of an emergency when we are out without an adult

DfE Statutory Guidance:

By the end of Secondary pupils will know:

FA1.	Basic treatment for common injuries.
FA2.	life-saving skills, including how to administer CPR.
FA3.	the purpose of defibrillators and when one might be needed.

NYA Youth Work Curriculum:

SD1.	Offering opportunities for young people to learn specific skills

USEFUL RESOURCES

Please check all resources are suitable for your settings and children.

Lesson Plans:
5-11 years - British Red Cross - First Aid Skills
11-18 years - British Red Cross - First Aid Skills
7-16 years - St John's Ambulance - First Aid
12-18 years - Resuscitation Council UK - CPR in Schools
11-16 years - British Heart Foundation - Call, Push, Rescue

Videos:
7-11 years - BBC Teach - How to make a call to the emergency services

Resources:
British Heart Foundation - Free CPR kit for Secondary Schools
British Heart Foundation - CPR Training Kit (if not eligible for free kit)
St John's Ambulance - Manikin

Training:
Department for Education - First Aid Module

DEVELOPING SUBJECT KNOWLEDGE

FIRST AID

FIRST AID

Why is it important?

In countries where basic life support is taught in schools, survival rates from sudden cardiac arrest are significantly (two to three times) higher than those where they aren't taught
(Resuscitation Council UK).

Basic first aid teaches people when and how to help someone who is suddenly injured or ill.
This could mean:

- Carrying out first aid on ourselves or another person
- Explaining to someone else how to carry out first aid
- Calling for help from someone else or the emergency services.

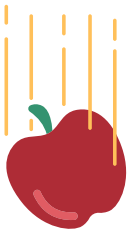
It is important that children and young people are equipped with the skills to recognise how and when they could help, and the importance of speaking to an adult if they, or someone they know is in pain or has hurt themselves.

CHECKING FOR SAFETY

Before commencing basic first aid, it is vital to always check whether it is safe to do so. This should include checking for a risk of:

Being cut by broken glass

Falling from a height



Something falling onto them or others

Busy traffic

If there is a danger to anyone then a safe space should be found and 999 called

Coming into contact with fire or chemicals

MINOR AND MAJOR INJURIES

An injury is any physical harm or damage inflicted on the body (HSE).

Minor injuries are generally not life-threatening and do not require significant medical intervention or a visit to hospital. There injuries often have a quick recovery time.
Examples include:

- Cuts and scrapes
- Bruises
- Sprains
- Strains
- Minor burns
- Minor head injuries
- Foreign object in the eye

Major injuries are typically more life threatening and often require immediate and extensive medical treatment. Major injuries usually result in a visit to a hospital .
Examples include:

- Fractures (excluding fingers, toes or minor facial fractures)
- Serious burns
- Deep wounds
- Spinal or brain injuries

It may not always be obvious if an injury is minor or major and sometimes something that seems minor may become a major injury. This is why is important children and young people are advised to always tell an adult if they or somebody else is hurt or ill.

MEDICATION

There are clear curriculum links between basic first aid and medicine management.

Treatment for some minor injuries may include the use of paracetamol and/or ibuprofen.

Paracetamol

Paracetamol is a common painkiller used to treat aches and pain. It can also be used to reduce a high temperature.
This medication comes in many forms including tables, syrup and suppositories and is available in different strengths. Children need to take a lower dose than adults, depending on their age, and sometimes weight. Health professionals can provide guidance of if a child is smaller or bigger for their age if people are not sure what dose to give.

You can find out guidance on doses for children here.

Ibuprofen

Ibuprofen works by reducing the hormone that causes pain and swelling in the body. It can also be given to reduce a fever.
For children aged 3 months to 12 years, ibuprofen comes as a liquid (oral suspension) or as chewable capsules.
For children aged 12 years or older, ibuprofen is available as tablets, capsules and granules that you dissolve in water to make a drink.
Ibuprofen comes in different strengths. The strength and dosage for your child depends on their age (and sometimes weight), so always read the instructions carefully.
It is important that children with asthma are not given ibuprofen without clearance from a doctor.

Antihistamines

Antihistamines are medicines often used to relieve symptoms of allergies, such as hay fever, hives, conjunctivitis and reactions to insect bites or stings.
Most antihistamines can be brought from pharmacies and shops as over the counter medicine, some are only available on prescription.

General Principles

- Painkillers should only be taken with the knowledge. consent and guidance of a parent/carer/health professional
- The instructions on the packaging should be followed for the recommended dose and dosage. If someone is not sure they should check with a pharmacist or doctor.
- Under 16's should never take aspirin as it can cause damage to their liver and brain.

Antiseptic Cream

These creams are used to treat minor injuries should as cuts, grazes, burns and scalds and insect bites. They help to clean the wound and protect against infection by killing bacteria that might be found around the wound.
Antiseptic cream should not be used on wounds that are going to be covered by a dressing. This is because they can keep the skin wet, damage it and slow healing down.

DRESSINGS

Bandages can be used to support injured joints, secure dressings and control bleeding.

There are three main types of dressings that are utilised within basic first aid:

Sterile Wound Dressing

These are used for larger, deeper wounds that are bleeding.

This type of dressing has a pad made of an absorbent material (often cotton wool). The pad is covered in a non-woven fabric, which prevents fibres from the absorbent material sticking to the wound. The pad is attached to a stretchy rolled bandage enabling the dressing to be easily secured to the affected area.

Also known as first aid dressing, roll dressing or ambulance dressing.

To apply:

- Wash hands and put on disposable, non-latex gloves before touching a dressing or wound. It is recommended that first aid boxes contain nitrile powder-free gloves.
- Unfold the dressing pad an lay it directly on top of the wound, keeping it in place by holding the bandage on either side. Make sure the dressing covers beyond the edge of the wound.
- Wrap the short end of the bandage around the injured part to secure the dressing pad.
- Then wrap the longer end around the injured part, making sure all of the dressing pad is covered. Leave the short end hanging out
- Secure the bandage by tying the short and long ends together in a reef knot, over the top of the pad to keep pressure on the wound.
- Check the circulation. To do this press a nail or skin beyond the wound for five seconds until it goes pale. If the colour does not come back within two seconds, the bandage is too tight and needs to be loosened.
- If blood comes through the dressing, remove it and reapply pressure with a new dressing or pad to control the bleeding. Once the bleeding is under control, secure in place with the bandage, tying the knot over the wound to keep the pressure on.

Low-Adherence Dressing Pad

These are used for scrapes, abrasions, burns, small wounds, lightly bleeding or dry wounds.

These dressing pads have a perforated film surface, backed with an absorbent pad. The film surface helps to prevent the pad sticking to the wound, allowing the dressing to be removed with minimum discomfort and damage. The absorbent material draws and holds liquid away from wound.

To apply:

Sterile pads are secured using either adhesive tape sealed around the edge of the dressing pad, or a bandage rolled over the dressing, covering the whole pad. Don't apply adhesive tape all the way around a limb or finger as this can restrict circulation

Also known as sterile pad, dressing pad.

Adhesive Dressings

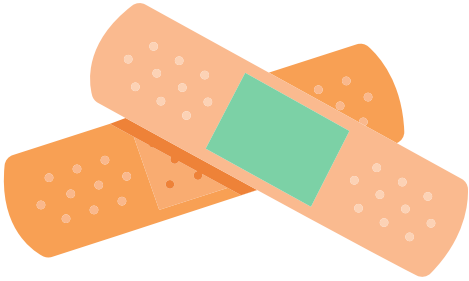
These are used for cuts, scratches, lightly bleeding wounds, post-surgical wounds.

There are a wide range of adhesive dressings available, from normal plasters to large post-surgery dressings. These sterile dressings have an absorbent low adherent dressing pad with an adhesive fabric or waterproof plastic backing.

To apply:

Hold the adhesive dressing facing downwards and carefully peel back the protective cover to expose the pad. Holding the edges of the dressing, place it over the wound. Peel away the rest of the protective cover and press the edges of the adhesive dressing down.

Also known as plasters, band aid, dressing pads.



BANDAGES

Covering wounds with dressings helps to prevent infection and also to protect the wound from any further damage. Dressing can also be used to exert pressure of the wound to encourage the blood to clot.

There are three main types of bandages that are utilised within basic first aid:

Roller Bandage

There are three types of roller bandage:

- Bandages made of open-weave material – these allow ventilation, but do not put pressure on wounds and do not support joints

- Elasticated bandages – these mould to a person's body shape, and are used to secure dressings and support soft tissue injuries like sprains

- Crepe bandages – these are used to give firm support to injured joints

Applying a Roller Bandage

- Keep the rolled part of the bandage above the injury and the unrolled part below the injury
- Begin by wrapping twice around the injury to hold the end in place
- Work up the limb, winding the bandage in spiralling turns, making sure that each new layer covers half of the previous one
- Finish by wrapping the bandage around once more and securing the end
- Once you have finished tying the bandage, check for circulation by pressing on the fingers or toes for five seconds until it goes pale.
    - If the colour does not come back after two seconds, then the bandage is on too tight, and will need to be reapplied more loosely.
    - Circulation should be checked every 10 minutes.

When applying bandages to elbows and knees to hold dressings in place or support sprains or strains, flex the joint slightly, apply the bandage in a figure of 8 and extend the bandage quite far on each side of the joint.

This video from St John's Ambulance provides a demonstration.

When applying bandages on hands to hold the dressing in place or support strains and sprains, work from the inside of the wrist using diagonal turns across the back of the hand to the end of the little finger, leaving the thumb free.

This video provides a demonstration.

Tubular Bandage

These bandages are used to hold dressings in place on fingers or toes, or support injured limbs. They are made of seamless fabric tubes.

Some are elasticated to place over joints such as the ankle, others are made of tubular gaze and are placed over fingers or toes - these do not provide any pressure to stop bleeding.
Tubular bandages may need to be cut to size prior to use.

Triangular Bandage

These bandages can be used as large dressings, as slings to support limbs, or to secure a dressing in place.

When using a triangular bandage as a sling on an arm, it is used opened out.

Instructions for creating a sling:

- Ask the person to hold their arm across their chest and support the arm until the sling is created
- Place the bandage under the arm and around the back of the neck
- Put the other half of the bandage over the arm to meet at the shoulder and tie into a knot
- Tuck the loose ends of the bandage in at the elbow, or use a pin

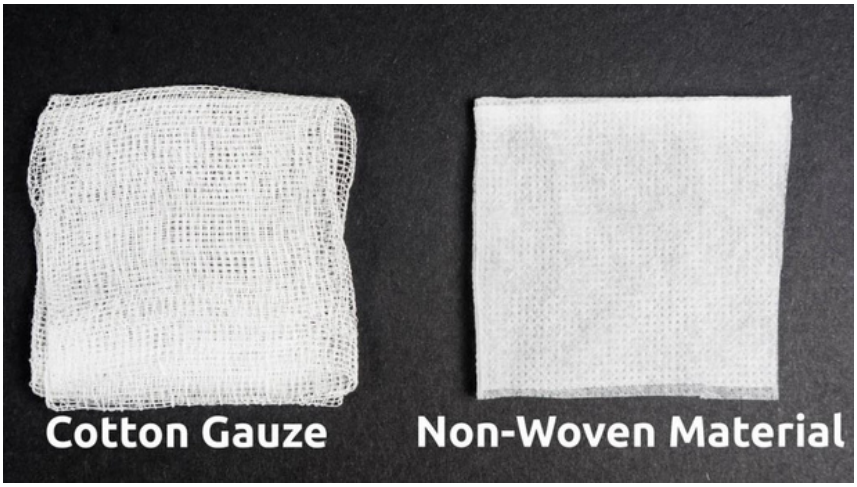
This video from St John's Ambulance provides a demonstration.

When using a triangular bandage to support a lower limb or large dressing, fold it in half horizontally (so the point of the triangle touches the middle of the long edge) and then fold in half again in the same direction to make a broad strip.

Gauze and Non-Woven Swabs

These are used for padding, protection, cleaning, extra absorbency, improvised dressings.

Swabs are squares of material available in various sizes. They are very useful because they can be used as an absorbent dressing, for cleaning around a wound and for drying around a wound after washing. Gauze swabs are made of an open-weave cotton material and non-woven swabs are made of a material made from bonded fibres. A single swab usually has 4 to 8 layers of material. Only sterile swabs should be used for dressing a wound. The picture below shows the difference in texture between a cotton gauze versus non-woven material.



A dressing pad can be made from a folded piece of gauze, or some swabs. Take care not to touch the surface of the pad that will be in contact with the wound. This type of dressing can be secured in place with adhesive tape, or a rolled bandage. If you have a choice between cotton gauze and non-woven material and both are sterile, use the non-woven material for contact with a wound as this will not leave lint in the wound. Otherwise use whichever one is sterile.

To apply:

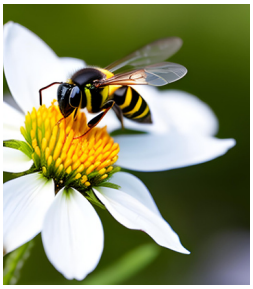
- Wash hands and put on disposable, non-latex gloves before touching a dressing or wound.
- Ensure the pad covers beyond the edge of the wound.
- Hold the pad by the edges and place it directly on top of the wound.
    - Never touch the part of the pad that will be in contact with the wound.
- Secure the pad with adhesive tape or a roller bandage.
    - Never wrap tape all the way around the injured part as this could reduce the blood flow. If pressure is needed to be maintained, use a roller bandage.
    - If there is no pad or gauze available, use a clean, non-fluffy material such as a cloth.

COMMON INJURIES

Wasp and Bee Stings

Children should be taught that bees and wasps have stingers that hurt and can cause a red lump when they prick the skin.

Bees can only sting once, their sting is acidic. When a bee stings they leave their stinger in the skin.



Wasps can still more than once, their sting is alkaline. When a wasp stings the stinger is not left in the skin.

To treat a bee or wasp sting:

- Remove the stinger (if there is one)
- Wash the area with soap and water
- Apply a cold cloth for at least ten minutes
- Do not scratch the affected area

Allergic Reactions:

Some people may have an allergic reaction to a sting e.g. difficulty breathing, swollen face, being sick, loss of consciousness. Emergency treatment is required.

Some people may also need medical help if:

- Symptoms get worse over a number of days
- The wound becomes infected (inflamed and surrounded by a pus - a thick yellow liquid).
- If someone is stung in their mouth, throat or around the eyes

Cuts and Grazes

A cut is when the skin is fully broken

A graze is when only the top layers of skin are scraped off.

This video by St John's Ambulance demonstrates how to treat cuts and grazes.

1. Clean the wound by rinsing it under running water or using sterile wipes.
2. Pat the wound dry using a gauze swab and cover it with sterile gauze. If there are none of these available, use a clean, non-fluffy cloth like a tea-towel.
3. For a cut, raise and support the injured part above the level of the heart. Avoid touching the wound.
4. Clean around the wound with soap and water. Make sure to wipe away from the wound, using a clean swab for each swipe. Pat dry. Remove the gauze or cloth covering the wound and apply a sterile dressing or large plaster.
5. Seek medical help if:
    - A foreign object is embedded in the wound e.g. a splinter of wood or glass
    - the wound is from a human or animal bite
    - you think the wound might be infected
    - you are unsure whether the casualty has been immunised against tetanus.

Sometimes wounds can become infected by bacteria if they are not properly treated. Someone may require medical help if they show signs of an infection:

- Swelling
- Redness
- Pus
- High temperature
- Swollen glands

Emergency Help:

Emergency help should be sought if:

- A wound is large and deep
- The bleeding does not stop
- There may be something stuck in the wound e.g. metal or glass
- The blood is bright red and spurting out of the wound - this could mean that an artery has been cut.
- The wound is to the face (to prevent scarring)

Nosebleeds

Nosebleeds are caused by damage to the inside of the nose. Nosebleeds are common in children, and people usually grow out of them by 11. A nosebleed may sometimes require medical attention, this is more common in adults.

This video from the NHS shows how a nosebleed should be treated.

Sit or stand straight - do not lie down.

Pinch above the nostrils for 10-15 minutes

Lean forward and breath through the mouth

Place an ice pack (or similar item e,g, a bag of peas) to the top of the nose

For 24 hours post having a nosebleed people should not:

- Blow or pick their node
- Drink hot drinks
- Lift anything heavy
- Do any exercise
- Pick any scabs that emerge

Headaches

There are many factors that can cause a headache including, dehydration, stress, a cold, or staring at a screen for too long.

Headaches are usually short-term and go away by themselves. They are not a sign of anything more serious.

There are many ways in which people can deal with a headache including:

- Drinking plenty of water to stay hydrated
- Avoiding anything stressful
- Taking part in some light exercise in the fresh air
- Resting, particularly if they have a cold or the flu

People should see their GP if they keep getting headaches or have other symptoms e.g. vomiting.

Children should never take painkillers for a headache without the knowledge and instruction of a parent/carer or other trusted adult.

Emergency Help:

Emergency help should be sought if:

- Someone has a headache that is extremely painful and is accompanied by:
  - difficulty talking or remembering things
  - Loss of vision
  - Drowsiness or confusion
  - High temperature, shivers, a stiff neck or rash
  - The white of the eyes turn red

Head Injuries

Falling over or banging the head can cause head injuries. Most head injuries are minor, it is important that children are encourage to tell a parent/carer or other trusted adult if they bang their head.

After banging a head the person should:

- Hold an ice pack to the head to reduce swelling
- Rest and avoid stress
- Stay close to an adult for 24 hours - this is so the person can be checked continually for signs of a more serious injury.

Children should not take painkillers without the knowledge and instruction of a parent/carer or other trusted adult.

Emergency Help:

999 should be called if someone has:

- Been in a serious accident e.g. a car crash
- Been knocked out (if if they subsequently wake up)
- Fluid or blood is coming out of the ears or nose
- Numbness or problems walking, balancing, understanding or speaking
- Changes to their usual behaviour
- Memory loss
- Continuous vomiting after the injury
- Trouble staying awake
- Seizures

Sprains

Every day activities can cause people to twist or tear their ligaments. Ligaments hold together joints such as knees, ankles and wrists.

Sprains causes pain around the affected ligament and the area becomes swollen or bruised.

Sprains can be treated at home by:

- Resting, this means that weight isn't being placed on the injury
- Putting an ice pack on the area every 2-3 hours
- Put a bandage around the injury to support it
- Keep the sprain raised on a pillow as much as possible
- Keep moving the joint, once the pain decreases to prevent stiffness.

Broken Bones

Signs that a bone may be broken include:

- Extreme pain in an injury after an incident
- A large amount of swelling or bruising
- A bone looking like it is at a strange angle
- Inability to use the injured part of the body

Emergency Help:

- Broken bones need to be treated as soon as possible, so it is vital to call 999 or the person to A & E even if it is only suspected that a bone may be broken.

It is important to:

- Tell the person to stay still
- Support the injury with something soft e.g. cushion
- Try to stop any bleeding whilst waiting for help

Eye Injuries

There are many reason someone might get something in their eye. In the majority of cases eye injuries are minor, can be treated at home and heal within 24 hours.

To treat a minor eye injury:

- Wash the eye with clean water - it is important that the water is not hot.
- If possible, run the eye under a mild flow from a tap for 20 minutes, holding the eye open.

Emergency Help:

It is important to get emergency help if:

- A strong chemical has got in the eye - the eye should keep being rinsed with water until help arrives
- Someone has pierced the eye
- Something has hit the eye at high speed.

Emergency help should also be sought if, after an injury:

- the eyesight changes
- The person feels sick, has a headache, high temperature or sensitivity to light
- The eye cannot move
- There is blood or pus coming from the eye

Burns and Scalds

Burns and scalds are damage to the skin caused by heat.

Burns are caused by dry heat e.g. fire
Scalds are caused by wet heat e.g. boiling water

Some minor burns can be treated without the need for medical attention. If someone is burned they should:

- Get away from the source of heat
- Run the burn under cool/lukewarm water for 20 minutes (do not use ice or greasy substances)
- Remove any clothing or jewellery near the burn - but do not remove anything that is stuck to the skin
- Be kept warm with a blanket
- Cover the burn with cling film or a clean plastic bag
- Do not apply creams or burst any blisters than may appear

Emergency Help:

It is important to get emergency help for:

- Any burns that are bigger than the person's hand
- Chemical and electrical burns
- Burns that cause white or charred skin
- Burns that cause blisters on the face, hands, arms, feet, legs or genitals
- People who have breathed in smoke or fumers

Vomiting

Vomiting or being sick is very common in children and is usually caused by a stomach infection. It will usually stop in a few days. It is important that children are aware they should tell a trusted adult if they or someone they know has vomited. It is important that if someone has vomited they also:

- Get plenty of rest
- Drink lots of fluid
- Stay at home and wash hand regularly (to prevent spreading infection)
- Not share items like towels and cutlery.

Sometimes someone may visit their GP if they do not stop vomiting or if they have other symptoms.

Allergies

Allergies are caused by a reaction to a particular substance e.g. dust mite, food, chemicals, pollen.

Allergies are very common amongst children, and sometimes people grow out of an allergy.

Most allergic reactins are mild - runny nose, watery eyes, sneezing. In most cases allergic responses can be prevented or treated with antihistamines.

Emergency Help:

Some allergies can be life-threatening and can cause anaphylactic shock. Symptoms for this include breathing difficulties, confusion, anxiety, unconsciousness.
If someone believes that a person is having a serious allergic reation it is vital to call 999 immediately.

EpiPens:

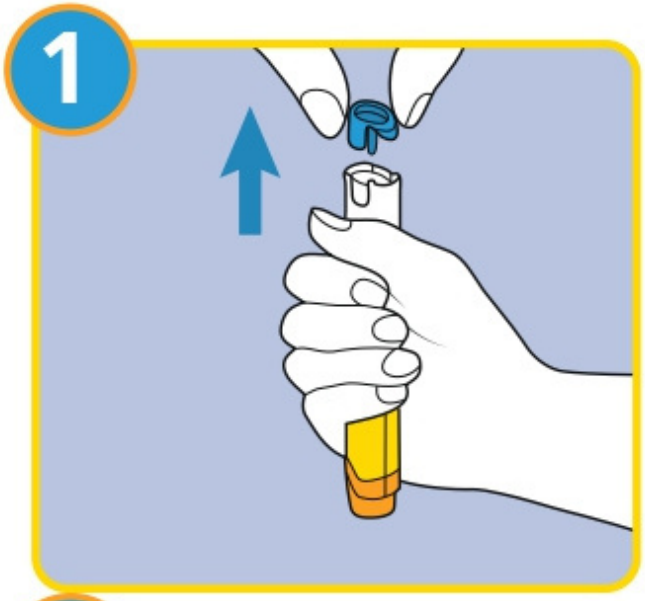
Some people carry 'adrenaline auto-injectors' also know as an EpiPen. These provide emergency treatment of severe allergicf reactions.

An Epipen delivers the correct dose of adrenaline quickly.

This video shows how to use a EpiPen correctly.

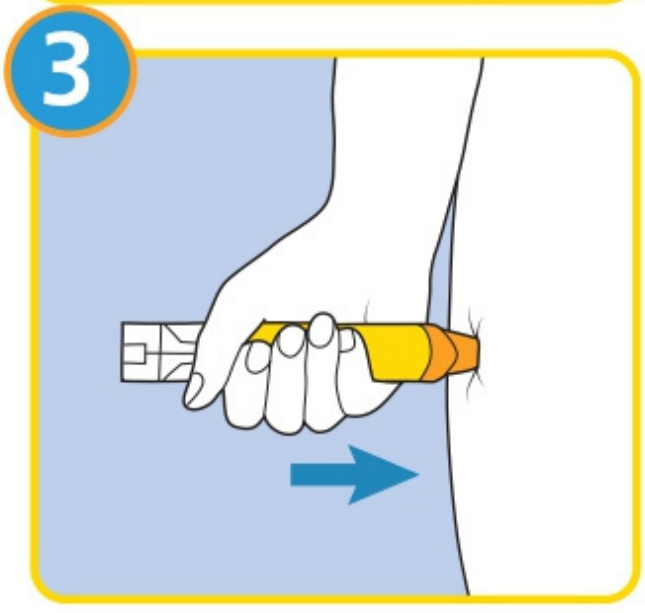
- Ask the person to lie down
- Take the EipPen in the dominant hand with thumb closest to the blue safety cap.
- With the other hand take of the blue safety cap
- Hope the EpiPen approximately 10cm away from the outer thigh with the orange tip pointing towards the thigh.
- Using some pressure push the EpiPen into the thigh, there should be a click.
- Keep in place for 10 seconds
- Remove the EpiPen from the thigh and massage the thigh for 10 seconds where the injection has been administered.
- Take note of the time the injection was given.
- Call 999 and tell the call operator that someone has had an anaphylactic shock.
- Hand the EpiPen to the ambulance crew upon thier arrival and let them know the time the Epipen was given at.

Using EpiPen®



Form a fist around the EpiPen® and **pull off the blue safety release**.

Place the orange end against your outer mid-thigh (with or without clothing).



Push down hard until a click is heard or felt. Hold in place for 10 seconds.

Remove the EpiPen®.

Massage the injection site for 10 seconds.

Choking

Choking is caused if something blocks the airway and stops air getting into e.g. a piece of food. Someone who is choking may be clutching their chest or neck and won't be able to speak, breath or cough.

It is important to remove the obstruction from the airway as soon as possible.

Instructions For Primary-Aged Children:

- Shout for help, particularly from an adult
- Encourage the person to cough hard
- If this doesn't work and the airway is still obstructed, hit the person firmly on their upper back, between the shoulder blades, up to five times
- Call 999, if the obstruction is still in place and nobody else has contacted them
- Continue to hit the person between the shoulder until help arrives, the blockage is removed, or they become unresponsive.

Instructions For Secondary-Aged Young People and Adults

- Encourage the person who is chocking to cough
- Bend them forward and give them five back blows by hitting them firmly on their back with the heel of the hand between the shoulder blades
- If the person is still choking, give up to five abdominal thrusts; hold around the waist and pull inwards and upwards above their belly button
- If the person continues to choke call 999 and repeat the steps until they can breathe again, help arrives, or they become unresponsive..

This video from the British Red Cross shows how to help someone who is choking.
This video includes British Sign Language

If a Baby is Choking:

A baby who is choking will be unable to cry, cough, make any noise or breath.

- Hold the baby face-down along your thigh with their head lower than their bottom
- Hit them firmly on their back between the shoulder blades up to five times (as shown in this video).
- If the back blows do not dislodge the blockage, turn the baby over so they are facing upwards
- Place two fingers in the middle of their chest, just below the nipples and push sharply downwards up to five times (as shown in this video)
- If the blockage does not dislodge, call 999
- Continue with the cycle of back blows and chest thrusts until the blockage dislodges, help arrives, or the baby becomes unresponsive.

This video from the British Red Cross demonstrates what to do if a baby is choking.

SOMEONE IS UNCONSCIOUS

Being unconscious means that some looks like they are asleep and are unable to respond. It is important to get help as soon as possible.

If no one is around try to get a response from the person by shaking them, talking to them or pinching their ears.

If the person does not respond, check their breathing by:

- Tipping their head back to open their airway
- Checking if their chest is moving up and down
- Listening for breath at their mouth

If they are breathing, pull them onto their side and tip their head back so them can still breath and call 999. Do not leave the person on their back as this can block the airways.

If the person is not breathing, it is important to shout for help and call 999 immediately. Do not put the person on their side

ASSESSING A CASUALTY

From the age of 11+ (secondary school) young people should build on the advice of what to do if someone is unconscious by teaching how to assess an injured casualty after an incident.

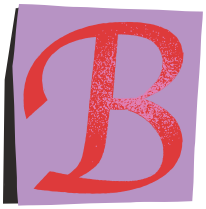
Check that they, the casualty and the environment is safe before assessing a casualty.

Airway

If someone is responsive after an incident they can be left in the position until help arrives. They should be checked for consciousness.

If someone becomes or is unconscious open the airway by placing a hand on their forehead and lifting the top of the chin with two fingers (moving the tongue away from the back of the throat).

If a spiral injury is suspected, place hands either side of the head and use fingertips to life the angle of the jaw upwards and forwards, without moving the head.



Breathing

Look for a rise and fall in the chest.

Listen over their mouth and nose for a breathing sound

Feel their breathe against your cheek for 10 seconds

If they are breathing normally, put them in the 'recovery position' to ensure the airways stay open and monitor.

IF they are not breathing, call 999 for an ambulance and being CPR.

Circulation

If a casualty isn't breathing normally, begin chest compressions immediately.

, When a person is in cardiac arrest they will commonly start gasping irregularly for a few minutes. This is not breathing and should not be taken as a sign chest compressions are not needed.

RECOVERY POSITION

Click the image above to play a video from St John's Ambulance on how to put someone into the Recovery Position.

Putting someone into the Recovery Position

Step 1

Put the hand closest to you by the head (as if the person was waving).

Step 2

Put the arm furthest away from you across the chest, so that the back of the hand rests against the cheek.

Step 3

Hold the hand in place and lift up the knee furthest away from you, making sure the foot is planted firmly on the ground.

Step 4

Push down on the bent leg to turn the person on their side and call 999.

CPR

CPR stands for Cardiopulmonary Resuscitation and is a way to keep someone's blood circulating if they have stopped breathing (respiratory arrest) and/or their heart has stopped (cardiac arrest).

CPR skills are best taught after the age of 12 years old because of the strength required to carry out the procedure.

Facts about CPR

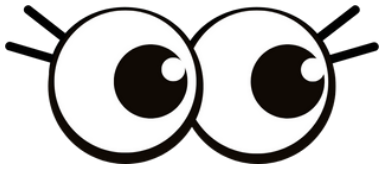
- CPR should never be done on someone if they are awake and breathing normally
- Anyone can do CPR until medical help arrives, you do not need to be a doctor
- CPR can sometimes save a life
- Sometimes a person will die, even if CPR is performed.

Even if someone cannot do CPR themselves they can:

- Recognise an emergency, call 999 and look out for the ambulance
- Shout for help for someone else to give CPT
- Help someone else to perform CPR

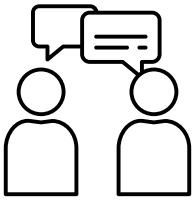
How to perform CPR with rescue breaths:

If someone feels confident using their skills they should give chest compressions with rescue breaths.



Check for a response. Firmly shake the person's shoulders and ask loudly if they are okay

Call 999. If the person is unconscious and not breathing, or not breathing normally, start CPR



If there is someone with you, ask them to find a defibrillator

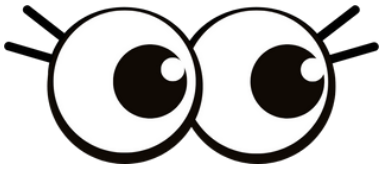
Start chest compressions. With the heel of the hand in the centre of their chest, press down smoothly and firmly at a rate of 2 per second. Try pushing to the bear of Stayin' Alive by the Bee Gees

After every 30 chest compressions, give 2 rescue breaths. Tilt the person's heat chestly and lift the chin with two fingers. Pinch the person's nose. Seal your month over their mouth and blow steadily and firmly into their mouth for one second, checking that their chest rises

Use a defibrillator as soon as you can. Follow its instructions carefully whilst continuing to give CPR of 30 chest compressions to 2 rescue breaths

How to perform Hands-only CPR:

If someone does not feel completely confident, attempt hands-only CPR instead, this can often be highly effective.



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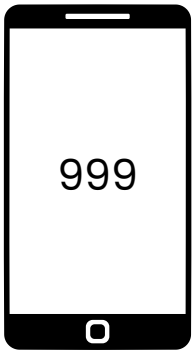
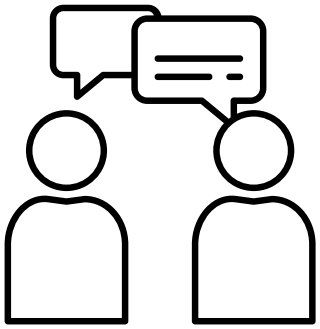


Call 999. If the person is unconscious and not breathing, or not breathing normally, start CPR



If there is someone with you, ask them to find a defibrillator

Start chest compressions. With the heel of the hand in the centre of their chest, press down smoothly and firmly at a rate of 2 per second. Try pushing to the bear of Stayin' Alive by the Bee Gees

Use a defibrillator as soon as you can. Follow its instructions carefully whilst continuing to give CPR

DEFIBRILLATORS (AEDS)

Automated External Defibrillators (AED) are portable electronic machines that can detect the abnormal heart rhythms that are present when someone has a cardiac arrest.

When an abnormal rhythm is detected, the machine delivers an electric charge or shock that might be able to restart the hear or establish a regular rhythm.

The sooner the heart is restarted the better the casualty's chance of survival. In the time it takes for an ambulance to arrive on scene, using an AED could save someone's life.

AEDs are often found in public places, such as schools, gyms, shopping centres, supermarkets, train stations. When calling 999 they will be able to tell you were the one nearest to the incident is.
In some places AEDs are kept in a locked cabinet. If a cabinet is looked, the emergency services operator will give the code over the phone to enable the cabinet to be unlocked.

Using an AED:

AEDs have been designed so that they are easy to use and safe. The machine cannot harm the casualty because it detects when shock is needed (irregular heart rhythm) and only works in that situation.

Anyone can use an AED - you do not need to be a medical professionals or first aider. The machine will 'speak' instructions that guide a person as to what to do.

It is always better to try and use an AED if someone's heart has stopped than to do nothing.

Click the image below to play a video on how to use an AED.

DO NOT RESCUITATE

Some people will have made a decision called a "do not attempt resuscitation' (DNAR) or "do not attempt cardiopulmonary resuscitation" (DNACPR) they both refer to the same thing.

If someone has made this decision it means if their heart or breathing stops the healthcare team will not try to restart it.

The decision is usually recorded on a special form. This from is easily recognisable by doctors, nurses, and healthcare workers so they know what to do in a emergency.

by the person themselves, if they have capacity to do so. The decision can be made in advance, and a person can change their mind at anytime - they need to let the doctors and nurses know that the form is no longer valid.

Sometimes a doctor will decide to put a DNACPR in place, even if the person themselves does not agree. The person must be told that a DNACPR has been completed, unless this would cause physical or psychological harm.
This decision must be made on an individual basis and judged by their circumstances. Having a learning disability, autism or dementia is not a reason to put a DNACPR on someone's record. If someone disagrees with the doctors decision they can request a second opinion and review, but it does not need the person's consent.

It is important that young people are aware that sometimes they may have started CPR and an ambulance arrives and does not take over as a DNACPR is in place.

CONTROL THE BLEED KITS

Control the Bleed Kits can be found at various locations across Staffordshire and Stoke on Trent. This kit contains instructions and specialist equipment to help stem blood loss before ambulance crew arrive and usually includes:

Nitrile Gloves - worn for personal protection and to prevent cross contamination

Medical Shears - to cut through clothing and allow easier access to the wound area

Gauze - to pack the wound and stop the bleeding source

Chest Seal - applied to a chest cavity wound to prevent lung collspse

Trauma Dressing - Maintains pressure over the wound to stop bleeding and infection

Tourniquet - applied to limb above heavy bleed wound to stop blood flow and loss

Control the Bleed Kits can be used in many situations including:

- Road Traffic Collisions
- Knife or Gun attacks
- Crush incident
- Terrorist attack

This video shows people how to use The Daniel Baird Foundation Public Access Bleed Control Kit.

This is the kit that is typically supplied around Staffordshire and Stoke on Trent.

Many Control the Bleed kits are located with Defibrillators, when calling 999 the operator will advise where the nearest kit can be located.
If it is in a locked cabinet the operator will give the code to enable the cabinet to be unlocked.

Young people should be advise about these new resources, the terminology the operator may use e.g. terminology and be comfortable with them so if required in an emergency they are able to recall the information and potentially save a life.

CALLING 999

999 should be called in a health emergency if any of the following apply to the casualty .

- Unconscious/Unresponsive - they do not respond when shouted at or shook by the shoulders
- Not breathing, or not breathing normally
- Choking and cannot breathe
- Seriously injured or unwell:
  - Chest pain
  - Face dropping on one side
  - Sudden confusion
  - Heavy Bleeding
  - Seizure/fit
  - Sudden, rapid swelling of the lips. mouth or tongue.

It is important to call 999 straight away. Children should be taught not check with anyone else first

Stay with the person whilst the call is made if possible

If someone accidentally calls 999, don't hang up. Stay on the line and explain that it was an accident. This stops the operator thinking there is an emergency situation, tracing the call and sending police officers to check that everything and everyone is safe.

Check it is safe to call, if it isn't find a safe place.

Dial 999 on a landline or mobile phone.

- British Sign Language (BSL) speakers can make a BSL video call to 999
- People who are deaf can use 18000 to contact 999 using text relay.

Put the phone on speakerphone if possible. This mean your hands are free if asked to do anything else.

You will be put through to an operator who will say:
"Emergency. Which service? Police, Ambulance, Fire?

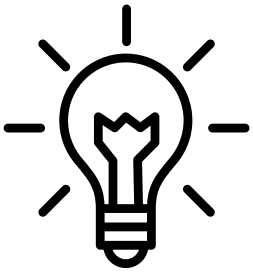
Ask for an ambulance

A new operator will ask questions to find out more about why you are calling and where the incident is. This helps them to make decisions.

WHAT MIGHT SOMEONE BE ASKED TO DO?

What is the address?
This is so they know where to send an ambulance to. If you don't know where you are look for any landmarks like a shop

What is the reason for your call?
They may ask more details about the casualty - for example any medical problems and symptoms.
This is so they can make sure they get the right help at the right time to you,



Listen to advice
This is so you can help the casualty until the ambulance arrives.

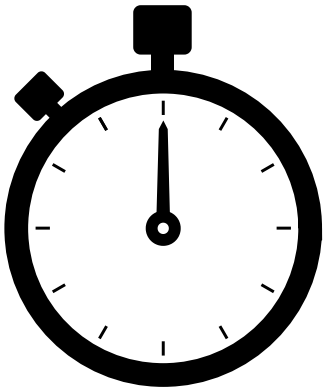
Take action
This could be to put someone in the recovery position or something similar. They will ask different people to do different things depending on their age and ability.

STATISTICS

% of deaths from injury may have been prevented if first aid was given before the emergency services arrived. (British red Cross)

CPR restarts the heart and/or breathing for between 1 and 2 in 10 people whose heart or breathing have stopped.

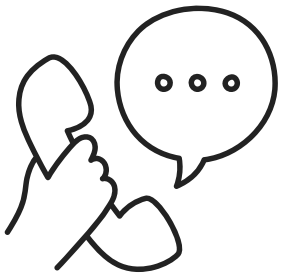
Just one in 20 people would know what to do in a first aid emergency (British Red Cross)



Someone can die from a blocked airway in just three to four minutes, it can take up to eight minutes for an ambulance to arrive. Simply opening up someone's airway could say their life whilst waiting for emergency help to arrive (The First Aid Zone)

Nearly 9 out of 10 teenagers have been confronted with some kind of medical emergency. 4 out of 5 of them said they would feel safer if they had some basic first aid knowledge to apply to the situation and its circumstances. (The First aid Zone)

Useful Contacts:



If you would like more information or support about first aid please contact:

Families Health and Wellbeing Service (0-19)
Staffordshire - 0808 178 0611
Stoke - 0300 404 2993

If a referral to Children's Social Care is required, please contact:
Staffordshire:
Staffordshire Children's Advice Service - 0300 111 8007
Monday - Thursday 8.30am -5pm and Friday 8.30-4.30pm
Out of Hours - 0345 604 2886 / 07815 492613

Stoke:
CHAD - 01782 235 100
Monday - Thursday 8.30am -5pm and Friday 8.30-4.30pm
Out of Hours - 01782 234 234

Further Reading:

- NHS : First Aid
- British Heart Foundation: CPR and defibrillators
- British Red Cross: First Aid True Stories
- NHS: Urgent and Emergecny Care Services
- Daniel Baird Foundation: Control the Bleed

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With thanks to our Partners